

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial) A. MR. BRIAN J DALY		Date of Receipt M M / D D / Y Y Y Y Y 11 / 27 / 2013 Transaction ID : 56917986
Mailing Address 1361 MADISON AVE APT 1H		Amount of Each Receipt this Period 1000.00
City NEW YORK	State NY	Zip Code 10128-0715
FEC ID number of contributing federal political committee. C		
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. HARRY H. BAYER		Date of Receipt M M / D D / Y Y Y Y Y 11 / 27 / 2013 Transaction ID : 56917994
Mailing Address 2780 PUMP HOUSE RD		Amount of Each Receipt this Period 300.00
City BIRMINGHAM	State AL	Zip Code 35243
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation INSURANCE AGENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. WILLIAM T. DAVIS		Date of Receipt M M / D D / Y Y Y Y Y 11 / 27 / 2013 Transaction ID : 56917995
Mailing Address 3013 S FREEMAN RD		Amount of Each Receipt this Period 300.00
City WILLIAMSBURG	State VA	Zip Code 23185-7662
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation INSURANCE AGENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
TOTAL This Period (last page this line number only).....▶	